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Summary of mid-term reviews and major evaluations of country programmes

West and Central Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted at the end of 1997 or during 1998.

Introduction

1. In the West and Central Africa region in 1998, mid-term reviews (MTRs) were held for the 1996-2000 country programmes of Burkina Faso, Chad and Ghana. Burkina Faso and Chad, both with a gross national product (GNP) per capita of $240 (1997) are least developed, land-locked countries affected by desertification and drought, with populations of 11 million and 7 million, respectively (1997). In both countries, poverty affects about half the population and social indicators are very low. In recent years, Chad has emerged from three decades of civil violence, instability and food shortages, which contributed to massive internal displacements. Area-wise, it is one of the largest countries in the region, with especially severe administrative, logistical and communication problems. The coastal country of Ghana is also a low-income country (GNP per capita $370, 1997), but generally has better social indicators. Nevertheless, poverty still affects one third of its 18 million people, and the northern regions in particular suffer from periodic droughts. In all three countries, there are serious

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socio-economic and gender disparities and national capacities are often weak, especially at district and peripheral levels.

2. The present report describes the three MTRs starting with Chad, where child mortality is highest, followed by Burkina Faso and Ghana. The MTRs show the challenges of programming in a precarious resource environment. Not only are resources extremely limited, but weak national administrations encounter considerable difficulties in ensuring timely programme implementation. At the same time, increased rigour in UNICEF procedures places greater emphasis on efficiency and effectiveness in the management of funds. Despite these and other difficulties, programme achievements have been appreciable in many cases. The MTRs modified thecountry programmes, *inter alia*, to address disparities more effectively and achieve better convergence and geographic focus of interventions.

3. The present report also describes some of the evaluation work in the region, including an end-of-cycle country programme evaluation in Côte d'Ivoire and evaluations in the area of education.

Country mid-term reviews

Chad

4. The MTR process in Chad began with an orientation for government counterparts. Government-UNICEF teams then conducted sectoral reviews, using studies, evaluations and other relevant reports. Results were reviewed with multilateral and bilateral agencies as well as national and international non-governmental organizations (NGOs). There is as yet no formal United Nations Development Assistance Framework (UNDAF) in Chad, but the country programme has been elaborated in close collaboration with United Nations and other development partners.

5. **The situation of children and women**. During the past two years, some positive developments have taken place in the political area; presidential and parliamentary elections have been held and peace agreements were signed between the Government and armed opposition groups. However, serious budget deficits have reduced further the State's capacity to invest in the social sectors. Social indicators remain dismaying, with very high under-five mortality (198 per 1,000 live births, 1997) and child malnutrition rates (40 per cent). The 1996-1997 Demographic and Health Survey showed that 44 per cent of two-year-old children have never received a single dose of vaccine and that only 15 per cent of households have access to potable water. Gross primary school enrolment is about 65 per cent for boys and 37 per cent for girls (1997) and illiteracy affects 95 per cent of women.

6. **Achievements.** Despite the difficult conditions, innovative institutional capacity-building at decentralized and community levels has been a notable achievement of the programme; multisectoral teams have been set up and trained in planning, monitoring and evaluation and exist to date in eight subprefectures. Major partners are following the results with interest and the Government will extend the approach to other zones. The programme has also contributed to: the definition of national policies on non-formal basic education, communication, community participation and nutrition; increased national immunization coverage (from 17 to 24 per cent); reduction of dranculiasis (guinea worm disease) from 148 cases in 1995 to 2 in 1998; creation of alliances for child survival, development and protection; the establishment of 14 juvenile chambers in local courts of law; and prohibition of the recruitment of children into the army (although the reintegration of child soldiers still poses problems). Support to the Bamako Initiative led to increased immunization rates in the six target subprefectures (from 20 to 50 per cent from 1995 to 1997). In zones supported by the education programme, girls' primary school gross enrolment increased from 46 to 54 per cent (1996-1998), repetition rates decreased by 14 per cent and some 8,400 women achieved functional literacy. The programme also increased access to safe water by 13 per cent in the target areas and trained village and urban committees in water point maintenance and hygiene. Primary schools and health centres in target areas benefited from latrines, hygiene education, afforestation and gardening. In urban areas, about 1,200 children in need of special protection were trained, rehabilitated and provided with access to health services.

7. **Constraints.** Delays in programme implementation resulted from difficulties in resource mobilization and weak national capacities. Other constraints include the reduction in the general resources allocation by 19 per cent; the limited access of communities to information; the media's poor operational capacity; recurrent epidemics and the shortage of qualified health service personnel; the high unit cost of primary education ($27 per pupil) and high costs of water supply; inadequate national policies on water and sanitation; and inadequate

mechanisms and partnerships for children needing special protection.

8. **Assessment of programme strategies: lessons learned.** In 1996, UNICEF implemented an evaluation of the previous country programme for 1990-1995 (see the regional summary of MTRs submitted to the Executive Board in 1997 (E/ICEF/1997/P/L.12), which was then used to improve the programme in 1997, notably through reducing and converging interventions and modifying strategies to support the Government's decentralization efforts. The MTR emphasized the relevance and coherence of the current programme structure and strategies. These include capacity-building at local and subprefectural levels to support the Government's decentralization efforts; targeted service delivery in health, education and water supply for specific areas; and intra- and intersectoral integration of interventions and empowerment of communities using NGO partners to improve local planning skills. A data mapping system, currently being prepared, will be a useful tool. However, the MTR noted that the programme needs more gender focus and practical measures were proposed. Other recommendations relate to modification of specific objectives; integration of social mobilization activities; strengthening of aspects related to children's and women's rights; increased attention to malaria, maternal mortality, HIV/AIDS and sanitation; and specific interventions in urban areas for children needing special protection. The recommendations of the Committee on the Rights of the Child will also be applied.

9. **Country programme management plan.** Up to October 1998, the programme had mobilized $9.2 million in supplementary funding, which represents some 57 per cent of total supplementary funding for the five-year cycle. The principal donors include the Government of Norway; the United States Agency for International Development (USAID); the Belgian, Canadian, Finnish, French, Netherlands, Spanish and United States Committees for UNICEF; and Rotary International. The World Bank is also a major partner. Following an internal audit in 1996, a reduced staffing structure was implemented in 1997. Savings gained from budget restructuring have been translated into more funds for programme activities in child protection, research, monitoring and evaluation. The 1997 improvement of the country programme also led to a revision of the integrated monitoring and evaluation plan (IMEP), which will focus more on strengthening the Government's data collection systems.

Burkina Faso

10. Coordinated by the Ministry of Economy and Finance, the MTR process actively involved sectoral ministries and was based on data from annual and mid-year reviews, studies and evaluations, including the 1996 multiple indicator cluster survey (MICS). Other multilateral and bilateral agencies and NGOs also participated. A collaborative programming framework exists between the different United Nations agencies but is not yet fully operational.

11. **The situation of children and women.** The country's political stability has been conducive to the promotion of policies and rights for children and women, but its social indicators give reason for concern. The under-five mortality rate, while reduced by one eighth since 1990, still remains high (169 per 1,000 live births in 1997). Gross primary school enrolment, improved by only 4 per cent since 1995, remains low, with large disparities between girls (32 per cent, 1998) and boys (46 per cent) and between different provinces in the country (84 against 12 per cent). Illiteracy affects over 90 per cent of women. On the other hand, the Government has updated the National Plan of Action for Children (NPA) for the period 1997-2000 and is already implementing some recommendations from the Committee on the Rights of the Child. Both formal and non-formal basic education are high priorities on the national agenda. A law banning female genital mutilation (FGM), a practice affecting two thirds of Burkinabé women, was adopted in 1996. A Parliament for Children was established in 1997.

12. **Achievements.** In basic education, access was increased during the programme period by constructing and equipping 130 "satellite" schools (which use national languages for the first two years) and 33 non-formal education centres, benefiting a total of 17,500 children. Water and sanitation interventions in the same schools improved the learning environment. The quality of education was improved through curricula and materials support, training and community-based mechanisms for parents' participation in school activities. Evaluations of the experience will feed into the policy dialogue on girls' education. In health, the Vaccine Independence Initiative was implemented; part of the national cold-chain system rehabilitated; and national immunization days for polio eradication reached 90 per cent of targeted children. UNICEF support to essential obstetrical services reduced maternal deaths over 18 months from 23 to 7 per cent of hospital births in a target area covering one hospital and 22 district health centres. Support to the national dracun-

culiasis eradication programme (including water supply, water filters and training for 17,400 women) contributed to reducing the number of cases from 6,281 in 1995 to 2,477 in 1997. Hygiene education in selected municipalities of Ouagadougou and Bobo Dioulasso improved hygiene practices. Community capacities were strengthened through revitalizing 200 water-point committees, training 51,600 women and supporting microcredit activities for 1,211 women's groups and 159 villages. A survey on FGM and effective advocacy contributed to progress on the policy and legal front, including a five-year nation plan of action against FGM.

13. **Constraints**. Programme execution was dramatically slowed down during 1996 and 1997 due to the high proportion of previously unliquidated cash assistance to the Government, which led UNICEF to freeze cash assistance to the ministries concerned. Many planned activities in health and nutrition were thus not implemented and the programme's overall financial implementation rate was only 58 per cent. Other constraints were linked to over-ambitious planning in relation to insufficient resources. An initiative supporting community-based sentinel sites for data collection was constrained by insufficient personnel, due to such competing needs as the MICS.

14. **Assessment of programme strategies: lessons learned**. The MTR noted that original programme and project objectives were too ambitious and needed modifications, especially where implementation rates turned out to be low. The areas of intervention were too numerous and scattered, which led to dispersion of efforts and difficulties in field supervision and monitoring. It was recommended that areas with the lowest social indicators should be targeted. During 1996 and 1997, the use of data maps based on geographic information systems improved the planning, convergence and coordination between sectors and with other partners. On this basis, the MTR approved some changes in programme structure, coverage and objectives. The health programme will support field interventions in two regions only and give selective support to national programmes on immunization, Bamako Initiative implementation, HIV/AIDS and micronutrients. The education programme will focus on the eastern parts of the country where girls' primary school enrolment is lowest. To enable better focus and improve the poor performance so far, the non-formal education centres will be put in a special project, different from the one on satellite schools. A mechanism will be established in 1998 for pupils to pass from satellite schools into the normal school system. In water and sanitation, objectives and strategies were revised to enable greater impact and an objective relating to dracunculiasis eradication was added. The community development and family support programme was renamed and redefined into two distinct projects to strengthen legal and protection aspects. Communication strategies were revised to emphasize behavioural change.

15. **Country programme management plan**. Some $11.2 million were raised in 1996-1997, mainly from the Governments of Canada, the Netherlands and Norway and the French, Spanish and United States Committees for UNICEF, representing one third of all supplementary funds approved for the five-year period. The lessons learned have led to better use of such existing tools as the IMEP, and to more rigorous financial monitoring, programme planning and review processes. Programme changes will entail some modifications in staff structure within existing resource levels.

Ghana

16. In Ghana, the MTR process was coordinated by the Ministry of Finance and implemented by task forces comprising representatives of government ministries, UNICEF, NGOs and multilateral and bilateral agencies. The work was based on programme documents, baseline surveys and findings from 12 evaluations and assessments. Representatives of civil society also participated. Ghana is notable for close collaboration among the United Nations agencies and Bretton Woods institutions, one result of the ongoing United Nations reform process. Ghana was the first country to do a Common Country Assessment and its 1998 UNDAF document sets out practical ways to improve collaboration and harmonize programme processes and cycles among United Nations agencies.

17. **The situation of children and women**. Although under-five mortality rates have declined (from 127 to 107 per 1,000 live births from 1990 to 1997), child malnutrition remains serious, affecting over one quarter of all children under five years of age. Marked disparities exist within the country, with the three northern regions showing higher child mortality and malnutrition, lower primary school enrolment, especially for girls (under 50 per cent against a national average of 70 per cent) and poorer access to safe water supply and sanitation (less than 6 per cent sanitation coverage). The economic slowdown over the last few years and a continuing high population growth rate have hindered the Government's poverty reduction efforts. But political stability and the

democratic process, marked by elections in 1996, have been conducive to the promotion of child rights. A review of legislation has resulted in a Children's Bill, which is under consideration in Parliament. A significant shift in the Government's policy has been the change from a project approach to holistic sectoral programming, based on Sector Investment Programmes (SIPs). The UNICEF commitment to this approach has led to involvement in the development of sectoral policies and strategies in health, education and water.

18. **Achievements**. The programme has contributed considerably to keeping children high on the national agenda and developing health and education policies through SIPs, which give high priority to child and reproductive health, nutrition, girls' education and early childhood development (ECD). Other achievements include sustained and improved immunization rates (72 per cent for BCG vaccine and 60 per cent for other antigens); national immunization days for polio eradication (reaching 87 to 97 per cent of targeted children); increased coverage of antenatal care and supervised deliveries; functioning community-based disease surveillance systems in all 3,743 villages of the Northern Region; malaria control measures in two districts; increased consumption of iodized salt (from 0 to 16 per cent between 1995 and 1997); more "baby-friendly" hospitals (from 0 to 19 between 1995 and 1998); and effective coverage of vitamin A supplementation (81 per cent of children under five years of age in vitamin A-deficient areas in the north). In schools of the "Childscope" or child-school-community project, nearly 100 per cent enrolment was achieved and the gender gap was reduced from 13 to 8 per cent between 1995 and 1998. Further, some 319 water points were provided, district-level water and sanitation teams trained and community capacities reinforced in hygiene, water supply maintenance and sanitation. The community-based development (CBD) programme reduced stunting among children under five years of age in Builsa district from 35 to 30 per cent and set up participatory planning processes in 41 communities in the north. The urban component of the programme supported centres which provide temporary shelter, crèche and basic medical services to about 400 children per day. An Irish Aid evaluation of the HIV/AIDS prevention project showed increased use of preventive measures against disease transmission and a decrease in sexually transmitted diseases and unwanted pregnancies within the target group.

19. **Constraints**. Delays in liquidating cash assistance to the Government affected the release of funding from UNICEF during the programme period, and unreliable population figures caused difficulties in forecasting supplies and analyzing data. Insufficient mobilization weakened some sectoral interventions requiring behavioural change. The number of dracunculiasis cases increased from 8,894 in 1995 to 8,921 in 1997, due mainly to ethnic conflict in the north. Vitamin A coverage for lactating mothers is still only 19 per cent. Weak national capacities hamper the enforcement of salt iodization legislation. The vertical approach to nutrition proved insufficient to tackle nutrition issues effectively. No funds were obtained for ECD and mechanisms for integrating community and district-level experiences into education policy and planning remain weak. Delays in equipment delivery and inadequate human and financial resources affected water and sanitation activities. The CBD programme was constrained by too many activities, inadequate coordination between donors and NGOs and insufficient involvement of state and municipal authorities in urban areas. Poor communication within and between UNICEF and its counterparts undermined the national ownership of the programme for social research and monitoring the NPA.

20. **Assessment of programme strategies: lessons learned**. The MTR was of the view that progress overall has been encouraging, programme objectives remain relevant and sectoral programmes are fully compatible with the ongoing health and education reforms. However, certain goals are clearly too ambitious and the programme structure needs modifications to adjust to the resource situation, use resources more efficiently, maximize impact and focus better on areas and groups with the greatest needs. Thus, service delivery strategies will concentrate on the northern part of Ghana and the urban poor. Capacity-building will continue to be supported at national level, especially for policy analysis and planning, and at district and community levels. Empowerment of communities will continue to be emphasized, especially within the CBD programme and Childscope project. The MTR recommended reducing the number of programmes and projects through integration of two programmes (food security and nutrition, water and sanitation) into the CBD programme; incorporation of the credit project into the CBD programme; and collapse of the two projects in social research and NPA monitoring into one. Some goals will be revised to reflect the new programme structure and needs, including recent developments in the health and education sectors. All community-based interventions will be concentrated in the disadvantaged north, coordinated under the umbrella of the CBD programme. The recent recommendations of

the Committee on the Rights of the Child will also be taken into account.

21. **Country programme management plan**. The programme obtained $16.6 million in supplementary funding in 1996-1998, exceeding planned levels for that period. Major donors include the Canadian International Development Agency; the United Kingdom Department for International Development; the Governments of Ireland, Japan and the Netherlands; USAID; and the Danish, Netherlands, United Kingdom and United States Committees for UNICEF. In addition to an internal audit in 1997, a mid-term management review held after the MTR made recommendations for revised management procedures, staffing structures and budget allocations to increase cost-effectiveness and efficiency. A quality assurance system for programme management will be implemented and the IMEP revised.

Major country programme evaluations and other initiatives

22. **Regional trends in monitoring and evaluation**. In 1998, the West and Central Africa Regional Management Team continued to support the quality assurance of country programmes by analyzing country office indicators and giving feedback. Implementation and development of IMEPs continued, with Benin, Equatorial Guinea, Gambia and Mauritania developing IMEPs for their new programmes. The year 1998 marks the midpoint of the Norwegian-supported African Girls' Education Initiative, a multi-country programme with a planning, monitoring and evaluation framework common to the 10 participating countries from the region. Data from the past two years show the impact of the Initiative in increasing girls' enrolment, improving the quality of education and involving communities in schools.

End-of-cycle country programme evaluation - Côte d'Ivoire

23. **Achievements**. In 1998, Côte d'Ivoire was the only country to implement an evaluation of a completed country programme cycle (1992-1996). An external team conducted the evaluation, using semi-structured interviews, qualitative data from field visits and quantitative data from existing sectoral evaluations and programme reviews. Despite the fact that the programme period coincided with a downturn in the country's economy, the programme contributed to increased national immunization coverage (from 48 per cent in 1991 to 60 per cent in 1996); effective community surveillance systems in all dracunculiasis-endemic zones, which led to a drop in cases from 12,690 in 1991 to 1,254 in 1997; and a high number of "baby-friendly" hospitals (from 0 in 1992 to 85 in 1996, or all public hospitals in the country). In the nine health districts where the programme supported the implementation of the Bamako Initiative, immunization coverage increased from 20 to 48 per cent between 1994 and 1996 and perinatal consultation rates rose from 15 to 30 per cent during the same period. Support to the three disadvantaged northern regions of the country increased girls' primary school gross enrolment ratios from 36 to 42 per cent between 1992 and 1996 (44 to 54 per cent in Bondoukou), through training, supply delivery and mobilization of communities through local committees for promoting basic education, known as "Copeb". The programme also helped children living or working in the streets, both directly (e.g., livelihood training for teenagers) and indirectly, through advocacy and strengthening of existing government and NGO structures (e.g., receiving centres for children and urban health centres). A solid knowledge base on Ivorian children was acquired through 50 studies, evaluations and surveys. The overall programme management was judged effective, reflected in a financial implementation rate of 87 per cent in the period 1992-1996.

24. **Constraints and lessons learned**. The overambitious planning of the country programme was a constraint. Resource allocation, especially for education, did not correspond to the ambitiousness of the programme. Other constraints include inadequate monitoring and evaluation; insufficient supervision due to weak institutional structures; frequent transfers of government personnel; weak ownership on the part of the Planning Ministry; low levels of motivation and community participation within health centre committees; inadequate participation of women in community structures; the non-existence of national policies on micronutrients; and insufficient attention to interpersonal communication and behaviour change. The evaluation made recommendations based on the lessons learned. Some of these are being implemented and others will be taken into account in the 1999 MTR.

Interesting evaluations in education

25. With more resources allocated to UNICEF-supported programmes in the area of education, evaluations have increased in this sector. In November 1997 in the **Democratic Republic of the Congo**, an external team evaluated the UNICEF-supported project of a revolving fund for school supplies (*fonds de roulement*

en fournitures scolaires) set up in 1994-1995 for 650 schools in Kinshasa, Kananga, Lubumbashi and Mbuji Mayi. The project is based on the Bamako Initiative principle of community participation in financing and management of services. During the evaluation, schools and communities were selected by random sampling for administration of questionnaires; analysis of school statistics, price lists and sales was undertaken; and semi-structured interviews were held. Results show an improved learning environment due to greater availability of school supplies and improved teaching methods. Drop-out rates in the sampled schools decreased from 28 to 22 per cent between 1994 and 1997. Lacking state financial support, schools were able also to use some of the sales proceeds to improve infrastructure. The most serious problem was the timely replenishment of stocks at affordable prices; only 54 per cent of schools were able to replenish stocks, the greatest success being seen at schools in Kananga (75 per cent). The success appears to be linked to the efficient functioning of structures for storage and distribution. The evaluation recommended some reorganization of management and monitoring structures and the establishment of a depot in each province for stocking and distributing school supplies.

26. In **Guinea**, an external team evaluated the "Nafa" non-formal education programme, comprising 64 centres mostly for girls 10 to 16 years old. Questionnaires and learning achievement tests were administered to the children, teachers and communities. Results show that the objective of streaming children from Nafa centres into the formal system had been partly achieved, this proportion still being under 20 per cent. The performance of Nafa children coming into the formal system was above average for their grade. The acquisition of functional literacy and other useful skills at Nafa centres is another achievement and learning achievements are greatest in centers where community participation is highest. Constraints include the low level of community participation in some centres. The evaluation supported the expansion of Nafa centres to other areas and suggested actions to prepare students better for the formal system. It recommended strengthening the community participation and the perception of the centres as a pathway to further education, not only for acquisition of useful income-generating skills.

27. In **Ghana**, two external evaluations, with UNICEF and government participation, used participatory methods to evaluate the impact of the participatory learning and action approach in the Childscope project. Baseline studies in 1994 and 1995, using the same methods, had shown low involvement of parents in child care and schooling, inability of school children to read simple text and lack of functioning parent-teacher associations (PTAs). In 1998, it was found in the communities evaluated that virtually all children attended school on time, PTAs functioned, women's groups provided communal labour and raised funds (e.g., for school renovations) and teachers came on time to teach all their classes. In the tests, children from grades four and six demonstrated that they could read and understand simple text. However, there is no linkage between the project and the Government's teacher development and support system and the evaluation suggested ways to establish such links.

28. In **Burkina Faso**, after two years of implementing a hygiene promotion programme in 65 primary schools in Bobo Dioulasso, an external evaluation was carried out using data from supervision visits, surprise visits, tests of 4,348 pupils in 12 schools and focus group discussions. In about 70 per cent of schools, means for hand-washing are available on the premises, students wash their hands with soap after going to the toilet and latrines are maintained to acceptable standards. Two thirds of the schools are provided with soap by the parents' associations, a crucial factor for sustained hygiene practices. Some 80 per cent of schools have appointed a teacher for supervising school hygiene and nearly all teachers have been trained in hygiene education. In tests for hygiene knowledge, 78 per cent of children obtained high scores. Two thirds of school children use the latrines consistently; however, others still defecate elsewhere, especially when latrines are occupied. The evaluation made practical recommendations to improve the programme implementation.

29. What happens to similar programmes years afterwards is illustrated in **Benin**, where UNICEF in October 1997 commissioned an innovative external evaluation of a school latrine and hygiene education project supported by UNICEF and USAID from 1988 to 1993 in 156 communities. Results showed that most teachers previously trained in school hygiene had left and pupils were unfamiliar with many hygiene concepts. Some 76 per cent of schools lacked a focal point to enforce hygiene practices and most latrines were badly maintained. Two thirds of the schools maintained a place for hand-washing, but often without soap. Nevertheless, 89 per cent of the school latrines were still in use by children and teachers and even by some members of the village, and 70 per cent of parents interviewed expressed the desire to have a household latrine as well. It is clear that to become more effective and permanent, hygiene

education needs such institutional measures as its incorporation in regular courses in primary schools. To this end, the evaluation recommended *inter alia* to involve and support the Ministries of Education and Public Health in such long-term measures as the institution of practical and periodic sessions of hygiene education in schools.

Conclusion

30. The MTRs and country programme evaluations show that past programme objectives were generally too ambitious and geographic areas too dispersed. With limited UNICEF resources, efficient planning and convergence of geographic areas are necessary to maximize the impact and contribute to the reduction of disparities.

31. In keeping with the spirit of the Convention on the Rights of the Child, service delivery and capacity-building interventions in West and Central Africa are now giving increased attention to the most disadvantaged groups of children, whether in the urban slums of N'Djamena, Ouagadougou or Accra, or in rural Chad, eastern Burkina Faso and northern Ghana. Where evidence and experience gained in the field are effectively used for advocacy and policy dialogue, it has clearly made a difference for all children in the country. The recent successes in the legal arena in Burkina Faso, the high priority for child health and girls' education in the Ghana SIPs and the definition of national policies on non-formal basic education, communication, community participation and nutrition in Chad are all eloquent examples of this strategy.